Center for Strategic and International Studies

TRANSCRIPT

Event

"A Fireside Chat with Dr. Raj Panjabi on the National Biodefense Strategy and Implementation Plan"

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FEATURING

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Dr. J. Stephen Morrison: Good morning, afternoon, evening, depending on where you are. I'm J. Stephen Morrison, senior vice president here at the Center for Strategic and International Studies – CSIS – in Washington, D.C., where I direct our Global Health Policy Center.

Today, we're honored to host Dr. Raj Panjabi, special assistant to the president and senior director Global Health Security and Biodefense at the White House National Security Council. Welcome, Raj. Great to have you with us.

Dr. Raj Panjabi: Thanks. Thanks for having me.

Dr. Morrison: Raj is a physician, professor, epidemiologist, social entrepreneur, and public servant. He previously served under this administration at the president's Malaria Initiative, which he led. Much earlier than that, back in 2007 he founded Last Mile Health, which was one of – remains one of the most innovative nongovernmental enterprises in providing community-based health services across Africa. Raj came to everyone's attention, I think, in a great surge during Ebola in 2014-15 in west Africa where Last Mile Health distinguished itself in many, many settings. Raj was born and raised in Monrovia, Liberia. After civil war broke out there in the late '80s he and his family migrated to North Carolina.

We were talking earlier. This is a pattern that parallels sort of Helene Cooper, the star New York Times reporter – her life pattern, too. She came here a while back to share with us her reflections on her memoir from that period.

For the next hour we'll be discussing the release yesterday by the White House of the National Biodefense Strategy and implementation plan for countering biological threats, enhancing pandemic preparedness, and achieving global health security.

At the same time as it was released, President Biden signed a companion order, National Security Memorandum 15. We'll hear more about what's in that as well.

This event is undertaken under the auspices of the CSIS Commission on Strengthening America's Health Security.

Before we begin, special thanks to some of the key people who made this all happen. From Raj's – among Raj's colleagues, David Stiefel, Hillary Carter, Daniel Gastfriend, Jackson Provet, and, of course, Raj Panjabi himself. From our team, Humzah Khan and Michaela Simoneau. And from our production team at CSIS and our External Affairs, special thanks to Dhanesh Mahtani,

Greg Grunwald, Qi Yu, Eric Ruditskiy; and on the External Affairs side, Emma Colbran, Alex Kisling, and Andrew Schwartz.

The next 45 minutes we will have a – the next 35 to 40 minutes, Raj and I are going to have a conversation around different dimensions of this strategy and implementation plan, and the president's order. We'll open at the back end of this hour. The last 15 or 20 minutes, we'll open the floor for comments and questions from our in-person audience. Please just step to the – to the microphone here. We'll bundle three or four remarks together and come back, do a couple of cycles of that. So we welcome those.

A few comments on the current situation we face. The strategy and the implementation plan follow the release of the first American pandemic preparedness plan on June 3rd of 2021, just before Labor Day, and the subsequent $88 billion five-year mandatory budget plan contained in the president's FY '23 budget submission. As we'll hear from Dr. Panjabi, the strategy and implementation plan are adding considerable new detail on targets, responsibilities of agencies among the 20 different agencies that fall under this strategy, and other aspects of how to operationalize the vision that's contained within that.

The strategy comes forward at a difficult time. The cycle of crisis and complacency is fully upon us. Many of the interventions that are most critical have become politicized and subject to partisan division. Many people are turning away from this pandemic. We have been moving into a more normalized period. The president himself has acknowledged that in some of his remarks. There have been repeated efforts to find additional resources for the response. And those have run up against an impasse – a continued impasse over several different moments in time, particularly around calculations on the Hill.

Money, and lots of it, is a prerequisite for success, we know. But that remains highly problematic. A certain exhaustion and skepticism has settled over the world of pandemic preparedness and response and biodefense. And high-level political will to crack that remains an essential element, at a time when many competing pressures and priorities of the White House. I'm quite impressed, in reading over the documents, at the determination to push back against our divisions, the decline of trust, to make the case very strongly on national security grounds, to remind everyone of the continuing threat and espouse a deep and abiding optimism in American leadership at home and abroad, and in the power of scientific innovation in this era.

As we will discuss the strategy speaks repeatedly about transformation, the need for transformation, and a belief in good governance. This operational

plan is a chapter in laying out what good governance would look like in this agenda. And we need a pep talk, I think, frankly. We need a pep talk around these issues. And this strategy provides this for us. There's a lot of key elements within this. And I want to start the conversation with you, Raj, by just asking you the basics. Lay out for us sort of what are the key elements and what distinguishes this strategy and implementation plan from what we had before in terms of the 2018 strategy, but also the earlier versions of the AP3. And what does this represent, in your mind?

Dr. Panjabi: Well, thanks, Stephen. Thanks for having me here.

I would say that – a couple things. When the president moved to sign the National Security Memorandum 15 yesterday on countering biological threats, enhancing pandemic preparedness, and also strengthening global health security, along with launching this strategy yesterday there were a few things that we have in mind. One is the increased challenge in the last several years that we've all come to recognize in our own families of infectious diseases and how they really don't know borders and can disrupt societies. We've had – COVID now has killed over a million Americans. It's killed millions more around the world.

But we're also concurrently fighting outbreaks of monkeypox, of Ebola, polio. That's not to mention the other diseases, infectious diseases, that we've been dealing with for a long time.

The other threat that's grown in the last several years has been the risk of laboratory accidents. There is a growing, burgeoning biotechnology economy. The president, in fact, signed an executive order to put even more financing and support behind that effort. But with the increased access to that technology also comes the dual risk that unintentionally accidents can happen. Infectious-disease pathogens, for instance, can spill.

And the third threat that we're concerned about, we should all be concerned about, is the threat of state actors in particular using and developing biological weapons, intentionally using biological agents to harm us. We all remember not that long ago, at the start of this century, the anthrax attacks following September 11th.

So this is the threat landscape that we're concerned about.

Now, last week our national security adviser, Jake Sullivan, announced the administration's National Security Strategy. Foundational in that set of components is a focus on pandemics and biodefense. So this new National Biodefense Strategy and Implementation Plan really aims to articulate

further what are the objectives, the targets, to make good on that focus of ensuring that pandemics and biodefense is foundational to our national security.

So there are a few things in this plan that are critical. Let me just give you the quick outline. First of all, it puts a vision forward that we can create a world free of pandemics and other catastrophic biological incidents by really focusing on five key concrete actions.

One is to prevent; that is, to ensure early warning for biological threats. Second is to ensure that we prevent the spread of biological threats. And the third is to ensure we're prepared to reduce the impact, should we have another pandemic, another epidemic, that we're prepared to reduce the impact on people, communities. The fourth is to focus on rapidly responding when we do have these outbreaks and also other biological incidents, and doing that equitably.

And the last action, the fifth, is really to ensure we're helping communities, the economy, the environment, recover when these events happen. So that's the outline of the plan. We can get into more details about what that practically means, I imagine, shortly.

But you asked about what's different from both 2018 and the last time there was a National Biodefense Strategy and what is also different from the American Pandemic Preparedness Plan that we released last year. So let me comment briefly on both of those.

Dr. Morrison: Sure.

Dr. Panjabi: So, first of all, from 2018 those five areas are actually pretty similar that I just described – to detect, to prevent, to prepare, to respond and recover. And that's because the discipline of fighting biological threats is actually becoming, I think, more and more clear. What's different is that, within each of those, we've described a set of concrete, bold targets such as ensuring we have vaccines available within 100 days of a new pandemic, such as ensuring we have greater investments in health workers across this country, and ensuring that we support other countries around the world to develop their capacities to prevent, detect and respond to infectious diseases.

There are more concrete and bold targets, number one. Number two, there is clarity. You mentioned over 20 federal agencies helped develop this plan. Each of them have also put themselves on the record for which one will be in charge of each one of those targets. So every target has a lead federal agency, and then several support federal agencies.

The third big difference is the advent of the National Security Memorandum 15, which places, through the national security adviser, the White House in charge of the federal policy and coordination around biodefense and the number of associated activities in that; number one, that federal agencies will commit to, as the president has now ordered, provide reports against those targets on a quarterly basis, what's going well, what isn't going well; also ensuring that the Office of Management and Budget provides the ability for us to assess how much funding is being requested, whether that's enough to meet the targets, and, in consultation with the NSC, the National Security Council, the ability to help federal agencies refine that. There are a number of other pieces, but essentially, it's trying to integrate and hold accountable the biodefense enterprise.

So those are some of the big differences, Steve, from 2018. I'll turn it back to you, but I'll just briefly end with saying that when you compare – you know, this plan's coming in now in the second year of the administration, but we've been busy.

The president ordered on day one this review, a really deep review – learned lessons from COVID as well as other responses – but in the interim, we have been active in trying to ensure the nation's better prepared for future pandemics, for instance, by releasing the American Pandemic Preparedness Plan last year.

This plan – this national biodefense strategy takes a number of those efforts, which were largely around technological breakthroughs – vaccines in a hundred days, therapeutics within 180 days; tests – tens of thousands of them within a week when we have a new biological incident – it brings that within the platform of the national biodefense strategy and allows us to use the policy tools that we have through the implementation plan, monitoring the progress, and essentially further reinforces that effort while adding a number of investments and actions that are not focused on technological breakthroughs – because pandemic preparedness isn't just about medical breakthroughs – including investments in, well, as I mentioned earlier, local health capacities here and around the world.

Dr. Morrison: Thank you. Just a couple of remarks on that.

Putting the White House unequivocally front and center in managing this was an important step, right? This has been moved to HHS in the previous administration. This put the president behind this. It puts an enormous weight on your shoulders. It puts an enormous weight on your team's shoulders to hold those 20 agencies to account to bring this vision forward.

So that seems pretty clearly a significant step of clarifying that. I don't think that had been the case before this. There had been an assumption that the

White House was going to play a lead role, but it hadn't been spelled out quite so clearly.

Secondly, instructing the agencies to amp up their budgetary commitments and to report back on a routine basis, to have a review of budgets in the three years timespan, this at least begins to suggest a pathway forward for financing this program, which you're estimating at 16 to 17 billion (dollars) per year, without being reliant overwhelmingly on emergency provisions, right? It's beginning to move towards a kind of sober incrementalism around get the agencies to begin to show greater commitment in their own budgetary processes and prioritization – assigning the lead institutions for those – under those five categories you've mentioned.

You also instruct in this strategy the intelligence community to do far more, which I'm hoping you say a bit more about that. That, to me, also is very important.

When we turned the corner dramatically on the HIV-AIDS pandemic, end of the '90s into the aughts decade, the intelligence community played a very vitally important role in the estimates that were being put forward, in legitimizing the notion of quantifying and capturing the degree to which these threats touch national security, and offering projections and the like.

Another thing that's in there is annual exercises, which are also another way of readying ourselves, but also taking those agencies and keeping them very busy and active around this.

Say a bit about those elements because those elements jump out when you look at this as important ones.

Dr. Panjabi: Well, I have to say, I'm very impressed with how well you've read the plan, the NSM, already. Thank you for raising those very important questions.

Let me start with your first point about the intent behind the White House playing a more significant role in coordinating federal biodefense. I mean, this is pretty consistent with what the president ordered on – in January of 2021 when he came into office. He asked the national security advisor to take on that coordination role, and this now affirms the national security advisor's role in doing that for preparedness as well as biodefense and health security.

Now that – what that means is and what that essentially conveys is that we understand that, whether it's COVID or another epidemic or a more accidental or a deliberate biological incident, that that often requires interagency coordination. And the White House has a unique role to play in making sure that everybody – every one of those agencies plays to their

greatest value-add. Not just during responses but, as you said, during preparedness.

That said, HHS on the health side still has statutory requirements, the Department of Health and Human Services. And so the work that they're doing to strengthen the CDC's role, to strengthen the ASPR, the Administration for Strategic Preparedness and Response, are still absolutely relevant. They're going to continue to manage the day-to-day operations. In fact, you can see how many things they've signed up to lead on. And that's similar on the global side. State and USAID have a role to play in strengthening global health security.

This may be a good segue to your – to your other part of your question. DOD, the intelligence community, also has key roles to play. And they have been clear about those roles are. So we will play a role in enabling that. We will play a role in holding that group to account. The president, again, has tasked quarterly reporting for that to be shared with the national security advisor to ensure that we're there, also to your point about engaging them in providing threat assessments. So the NSM, the national security memorandum, tasks the intelligence community to provide a comprehensive biothreat assessment across the naturally occurring, deliberate, and accident sources of biological threats.

It also tasks – you asked about senior-level engagement. It does task an annual exercise by the highest levels of government at the principles level, so Cabinet-level leaders, to actually conduct exercises annually on health emergencies. It's one of the first, if not the first, time there's been a specific tasking on a specific type of exercise around an event in health emergencies. So that will mean that in addition to the day-to-day work each of the departments and agencies are doing to deliver on this mission, that once a year at that senior level we will be running through the exercises to ensure we are prepared for that next pandemic.

Dr. Morrison: Thank you.

Just a couple of other observations on some of the key elements. You've already mentioned that the targets are very ambitious. Speed is at the top of your concern, right? The 100 and 130-day on vaccines, clinical trials up in 14 days, therapies by 180 days. And very ambitious uptake levels. New vaccines at 85 percent. I mean, these are – these are putting very, very high aspirational goals, with speed and coverage as a dominant theme. A lot on data. A lot on domestic workforce, which was very important, to seems to me, given the depletion and exhaustion of our – of our domestic workforce.

Singling out biosafety and biosecurity, we've been arguing for that for some time. It was very welcome, I think, to see that emphasis. It's a difficult issue,

right? It appeals to norm – there's no single body or mechanism by which you can track and enforce. But I wanted you to say a bit more about how you see the prioritization around biosafety and biosecurity playing itself out in terms of our global diplomacy. Disinformation, misinformation gets singled out as well. Global partnerships with 50 countries, saying we're going to build relationship with 50 countries. And then you highlight the FIF, the Financial Intermediary Fund, and the CFA, the Center for Forecasting and Outbreak Analytics. Say a bit more about the biosafety, biosecurity, and the disinformation piece. These are new. This is a much higher focus than in the past.

Dr. Panjabi: Yeah, both of those areas of focus build on past work departments and agencies have done. And I want to give credit here to my colleagues as well on my team, like Hillary Carter, who you mentioned earlier, and Beth Cameron, my predecessor, who really launched this process at the interagency level, who have been – who have been working hard on this issue for many, many years.

The reason – when we say biosafety, what do we mean? I was a biochemistry lab student back in – not a great one. But I do think back more than 20 years ago, sitting in a lab and how much change has happened in the last 20 years in science. The advent of CRISPR. The advent of and burgeoning of and acceleration of the biotech industry essentially means that more major companies, as well as smaller companies and even folks in their garages, can get access to the ability to edit the genome. This is actually not a science fiction; it's possible to quantify this.

In fact, a few weeks ago, when the president signed the executive order for accelerating biotechnology and biomanufacturing, we were looking at the data, our colleagues in Technology and National Security directorate at the NSC, Tarun Chhabra and team, were looking at the data that, you know, over the next decade globally, not just here but around the world, biotechnology will contribute approximately $30 trillion of value economically to the world – $30 trillion. So that – the access to the technology's only going to grow.

So, if there was ever a time to get serious about ensuring that norms for how biological research is conducted were both adhered to, understood, and communicated here and around the world, if there was ever a time to ensure that laboratory safety measures were in place so that when we're conducting experiments that we're being as thoughtful about PPE and infection control, training, if there was ever a time to ensure that, coming to biological weapons, that, if you look at the way, you know, the Biological Weapons Convention has been really the attack from the Russian government on the norms that are already been in place for over 50 years, this is the time to get serious about that. And that's why both biosafety and a commitment to reinforce the norms that have been set forward by member states on the

Biological Weapons Convention is front and center in this. That is critical and vital to our national security.

Dr. Morrison: Thank you. Let's turn to money. I mean, this is the biggest uncertainty, it's the biggest barrier to action, you could argue, and it's a confounding factor in the sense that people have grown tired of the struggles around this; there's a certain skepticism that's set in to discussion around getting adequate resources in this period where the cycle of crisis and complacency is pulling us away from this. It seems to me that out of this strategy there's a somewhat ambiguous set of messages coming forward around resources. On the one hand, you're not backing away from the need for a major, sustained five-year effort under the 88 billion (dollars) proposed mandatory five-year plan, at 16 to 17 billion (dollars) additional resources. On the other hand, you're saying the baseline requirements allow you to move forward today, without specifying what those baseline resources amount to, and implicitly, you're saying if we demand more of the 20 agencies we'll get greater resources and greater budgetary commitments. If we simply make it a requirement, we can begin to shift the ground in an incremental and a longer-term way.

This also seems to be, this statement seems to be a renewed challenge to Congress to take these issues up and think differently. There's been an impasse, as we've said, so you're trying to revisit these issues implicitly in the discussion with Congress around the current budget and future budgets. Say a bit more about that because you're not backing off, you're not being disabled by the impasse around funding; you're moving forward in a variety of ways. But there's still this ambiguity and uncertainty, and the question of cracking the code up on the Hill, of course, comes back to high-level political leadership and prioritization.

Dr. Panjabi: Yeah. So the financing for this plan is based currently on the baseline budgets each of the departments and agencies are putting forward. That amounts to some billions of dollars on an annual basis. A few things have already been done in this plan.

You mentioned the – in the realm of global health security we want to help other countries build better health systems to stop these threats at the source, for their sake, for our sake. And we put forward $450 million in commitments to the pandemic fund at the World Bank to help stand that up with over 20 other countries. It now has about a billion and a half dollars of seed financing. We've put $150 million into CEPI over the next three years – of course, the Coalition for Epidemic Preparedness and Innovation – to help accelerate vaccine development. They're playing a critical role right now in trying to enable the Ugandan government to set up vaccine trials, along with NIAID, to provide that opportunity and that offer. There are a number of other places where we've – the Center for Forecasting Outbreak and

Analytics, almost like a National Weather Service for infectious disease forecasting here. So those are just some ways give you a sense of how we're spending that financing.

But that said, that's not enough. For us to be able to hit the bold outcomes in this plan such as having a vaccine when a new epidemic/pandemic happens within a hundred days, such as ensuring we have treatments available within a hundred and eighty days, that we have testing available within 12 hours that's pathogen agnostic, and having tens of thousands of pathogen-specific tests within a week.

I mean, these are moon shot targets that aren't all possible today but, as the president articulated in his $88 billion five-year mandatory request that you mentioned in the FY '23, require additional financing, and we can. It's not scientifically impossible to do it.

And one then asks, well, why is it worth spending that money, given all the requests and all of the demands that the American taxpayer dollar faces.

And here's the simple reason. If we spend billions of dollars we can save trillions in the future, including saving millions of lives, and that's not just a theoretical statement. We've seen when Congress comes together to invest in biodefense, which has been a bipartisan effort – there's, in fact, a bipartisan Biodefense Commission of many former congressional leaders that has focused on this issue for almost the last decade – when they come together we make some extraordinary investments that pay very high returns to the taxpayer.

Example number one, coronavirus research helped ensure we got an mRNA vaccine faster than we ever would have imagined. That has saved millions of lives globally. That vaccine and other vaccines have helped save 20 million lives, according to a Lancet study – 2.3 million lives in the year 2021 here in the United States, according to the Commonwealth Report, and then even more in terms of the economic benefits. Orthopoxvirus research for smallpox preparedness – orthopoxviruses are a family, of course, that smallpox is in but so is monkey pox.

Had there not been investment by Congress for years and years in smallpox preparedness in a bipartisan basis on biodefense we wouldn't have the ability to have a monkey pox test, an orthopoxvirus test, available on day one of that outbreak.

So this is – I mean, we're seeing in real time how vital those investments are. So we think the case is pretty clear. Spend billions now to save trillions tomorrow, and lives are incalculable to cost.

I mean, as a physician, how many people did I see have lost their lives that shouldn't have because we didn't have a vaccine sooner, we didn't have a test sooner, we didn't have a treatment sooner, a health worker dying because they didn't have PPE in the middle of the forest in west Africa during Ebola or even falling sick, the nurses I worked with in Boston before coming to government on the front lines in the first few months of the COVID pandemic. And if we're serious about saying never again or end the pandemic threat as we know it, we have to provide the resources.

And we're not saying that's enough but it's necessary, and what we're offering as an administration is a very clear, transparent plan about how we would use those resources to get it done.

Dr. Morrison: And to get that plan forward it's going to require a pretty strong fight, a pretty strong effort. So the question – there's two questions that flow from what you've said. One is how prepared is the White House at the highest levels to really fight to get at least some significant portion of what's required here –

Dr. Panjabi: Right.

Dr. Morrison: – because we haven't seen that yet. We've seen the proposal but we haven't seen this surface in the broader mix as a priority fight.

So how prepared is the White House to do that? And, secondly, there needs to be a coalition of interests that are mobilized around this plan that brings forward industry, R&D universities, advocates, state and local authorities that would benefit from this – which really need this – those in data sciences and others, governors who play a critical role here but oftentimes absent from this.

So the first question is, on the Hill, how prepared is the White House to really make the fight, take the fight to the Hill for this? And then, secondly, what's your thinking on building – getting that coalition up and running that's going to be essential to persuade people that, in fact, there is a deep well of support for this vision?

Dr. Panjabi: Well, on the first part of your question about senior-level leadership, you know, our national security adviser has accepted the responsibility, as issued by the president, to be in charge of the federal biodefense effort. Jake Sullivan is extraordinary. And he, along with our homeland security adviser, Dr. Liz Sherwood-Randall, are playing a critical role.

This is a top priority at that principals level in the White House, along with our colleagues at the Office of Science and Technology Policy, who continue to be our partners at the Executive Office of the President on this effort; so at

the director level, Alondra Nelson in her acting role, and now Arati Prabhakar, who is the new acting – or who's the new director of OSTP.

The Cabinet officials are engaged because – the director of Office of Management and Budget in terms of assessing what we need, how much we need; every year that assessment. So there is that high-level commitment.

Now, in the coming days and weeks we're going to be doing more briefings with Congress to educate them on why that 88 billion (dollars) and the continued support for the baseline funding, what it will deliver for the American people. That's number one.

Number two, in terms of engaging the coalitions, the private sector has a role here. A lot of the innovations we, you know, have – take coronavirus vaccines or the treatments we have available for various infectious diseases. These are built by companies. When companies know that they can count not on one year of financing but, as the mandatory request asks for multiple years of financing, it allows them to plan their businesses a little better to put money down on the next-generation vaccine or the next treatment.

There's 26 viral families that could impact humans. We have a plan focused here to build therapies for each of those viral families. What if companies could know that the federal government is going to be able to help invest in some of – and help them take – the companies take risk to actually go and develop those therapies? I mean, how valuable would that be to have that available for every one of those 26 viral families? Extremely valuable to each one of our lives.

So I think they have a role. The civil society has a role. There are groups out there that are becoming as sharp, like Pandemic Action Network, on preparedness as they are on response, understanding that the way – how well we respond depends on how well we prepared. And I think that coalition needs to continue to be built. We are doing engagements with them.

And when it comes to governors, you know, we have just briefed the National Governors Association on Monday about this, as well as the state and local health officials. That's just a start. In the end, investments in critical health workers across the country in all 50 states is going to benefit their capabilities. So we hope they see themselves in this plan as well. This isn't just a whole-of-government plan. It's a whole-of-society plan. And I think we'll need that coalition now for this request, but we'll also need it on an ongoing basis, Steve, because this is a multiyear effort, regardless of how Congress acts.

Dr. Morrison: OK. I want to invite those who would like to pose comments or questions to come to the microphone.

While these folks are gathering, just one question around communication. This – you know, these processes of putting these strategies together, they're very much an inside-baseball game, right, in terms of interagency, getting the wheels of government turning and the like. And the report itself, it's a bit dense and technocratic in the language. It's not –

Dr. Panjabi: Yeah.

Dr. Morrison: It's not a report that's immediately accessible to an average person, right? And it's nested – the report is nested within several other pieces, right – the National Security Strategy, several other pieces. So it becomes even more difficult for people to kind of digest and grasp the gravity of what's contained in that.

Dr. Panjabi: Right.

Dr. Morrison: And it doesn't lend itself to a sort of ease of understanding to an outside world. That's just a comment on, you know, the difficulty of taking this inside operationalizing strategy, with its own language and its own terms of reference, and then trying to translate that to a world that is asking: What does this mean? I mean, a lot of people – when I asked folks, have you read this, or when the National Security Strategy came out, I said: Does this matter and have you read you? They're, like, not really. Not really. So it's – there is a problem there.

Let's turn to our – we can come back to this in a –

Dr. Panjabi: Yeah. Well, let me say one point and then turn to questions, if you don't mind, to that. I think this – it is challenging when – the communication around this issue. But I think the most simplest way to say it is that this is about keeping our nation safe, keeping our families safe, keeping our world safe from infectious disease and other threats that are biological in nature. And that's what this plan's about. If we care about making sure our families have the right advice the next time there's a pandemic quickly, to keep ourselves safe, if we care about whether our doctors and nurses and community health workers have the right PPE on, protective gear to take care of us.

If we care about ensuring that our local health department has all the contract tracers they need in place to ensure we're notified when we're exposed, if we care about ensuring that this country has invested sufficiently in vaccines to get them to you as quickly as possible, to ensure we get treatments to you if you're sick, to make sure we get your tested if you think

– if you have symptoms, that's what this plan's trying to achieve and deliver on and be ambitious about. So that's why we should care about it. And that's why we should ask our leadership – from the local level to the state level to Congress – to also act on it.

Dr. Morrison: Thank you. We're going to roll through three different interventions and then come back to Raj. Chris, please identify yourself and then let's hear from you.

Q: Thank you. I'm Chris Collins. And I'm with Friends of the Global Fight Against AIDS, TB, and Malaria. And, Raj, thanks so much for being with us today.

I want to start off by thanking the administration and you personally for all you did to make Global Fund replenishment a success. And since about a third of Global Fund financing goes towards pandemic preparedness-related functions, that's related to what we're talking about today. You know, as you know, what we saw in COVID, that was kind of a test case of what happens when a new pandemic strikes. And we saw that our investments in vertical disease programs like PEPFAR and the President's Malaria Initiative and the Global Fund to Fight AIDS, TB and Malaria, those programs pivoted to address the new pandemic. They both mitigated damage against what they were working on, but also helped national programs respond to the new disease threat. They were pivotal. And so those existing programs were pivotal in responding to a new pandemic.

So I wanted to ask you, in the new plan that you have out, what do you envision our investments in PEPFAR, PMI, the Global Fund, how will they play a role and be integrated in this vision in stronger pandemic

preparedness? How does that fit into the – into the puzzle that you're creating? And I would also just offer, related to that, that, you know, Steve is talking about how do you build a coalition that's supportive of this financing and this work, which is obviously so important? I think there are advocates and policymakers all over the world that care about PEPFAR, PMI, TB program at USAID, and the Global Fund. And to the degree they see these programs are integrated into your vision of pandemic preparedness, I think you have a coalition of support waiting.

Dr. Morrison: Thank you, Chris.

Sheryl.

Q: Yes. I'm Sheryl Gay Stolberg from The New York Times.

I have two disinformation/misinformation questions. First, do you think that misinformation and disinformation is a bigger threat now than it was when the last report was drafted, in 2018? And if so, how does this report elevate that? And then, second, the administration has worked with social medial platforms like Facebook and Twitter to get them to put out accurate information, health information. But there's a lot of misinformation proliferating on fringe social media sites. And what does this plan envision doing about combatting that kind of misinformation, where you don't have voluntary cooperation from people who are putting it out in a very politically divisive society?

Dr. Morrison: Thank you.

Q: Hi. I'm Jeff Sturchio with CSIS.

Raj, I'm glad you raised the question of looking at this as a whole society plan, and you also talked about the private sector's role in developing new vaccines very quickly. So I wanted to talk or ask you a little bit more about the private sector.

I think it's fair to say that some of the most important successes in fighting the COVID pandemic came from government being able to engage and mobilize the private sector, and the development of the COVID-19 vaccines in record time is a good example of that. At the same time, some of the biggest failures in managing the COVID pandemic came from a lack of coordination in engaging and mobilizing the private sector.

And I think the availability of tests and the rapid dissemination of those tests was probably in that category. And also, when it came time to implement public health measures like vaccine mandates in the private sector in the workplace, there was a huge resistance from the private sector rather than a willingness to do – something that clearly had – would have a positive public health impact.

So my question is just, given that the private sector can help at every level of the strategy – prevention, detention, preparation, response, and recovery – how does the plan and how do you and your colleagues envision doing more to engage and mobilize the private sector in a systematic way in preparing for the next crisis?

Dr. Morrison: Thank you. Welcome, Phyllis.

Q: Good morning. I'm Phyllis Arthur. I'm with the Biotechnology Innovation Organization or BIO. Wonderful comments. Great conversation.

Representing industry that – the part of the industry, the pharmaceutical industry that responded so quickly to COVID, I wanted to actually support what you said about the importance of the private sector in the sustainment of that de-risk investment in the work that we're doing and really charge the administration to drive a great strategy on this idea of approaching these viral families.

I think that we can do that for vaccines, diagnostics, and therapeutics, and part of doing that will actually help with that hundred day mission – that the more that the government can broaden the aperture around the kinds of platforms that have the speed and the flexibility and the nimbleness, and couple that with manufacturing we saw in the other strategy that came out last week on biomanufacturing in the United States and abroad, the more we can hit this.

I think the most important thing to do is really to make sure we're linking the strong sustained strength of the biotech industry on the commercial private side and its relation to pandemic preparedness and response, that these two things are inextricably linked. It's important to be able to have a great infrastructure, to have great R&D going on. That allows us to very quickly repurpose drugs if we need to, redirect science, and invest in many of these different R&D strategies.

So I think this is a very important document. I'd like us to also be able to link it to some of the commercial strategies we're talking about and understand why these two things help us be better prepared.

Thank you.

Dr. Morrison: Thank you. So, Raj, we've got a lot out there. Chris's point about PMI, the Global Fund, PEPFAR – do you want to start with that?

Dr. Panjabi: Yeah. Well, it's hard not to be biased after having led the president's malaria initiative and also worked closely – I just – we had our principals' meeting with PEPFAR last week the Ambassador, John Nkengasong, PEPFAR coordinator, pulled together. And it makes a ton of sense to leverage the existing investments that have been made for two reasons.

Number one, we can't do pandemic preparedness without it. We saw it during COVID. You know, the Global Fund for AIDs, TB, and Malaria was one of the – the key in getting testing and treatment out there and PPE to health workers around the world.

The role that they will now play in preparedness is critical. Let's just look, for instance, at preparing for the next COVID variant. A lot of the infrastructure that countries are using to track COVID variants are actually

genomic sequencing machines or tests, laboratory networks that have been invested on day after day for detecting drug-resistant malaria, or drug-resistant HIV, or drug-resistant tuberculosis. So, you know, it's – the only way we can do it – because why wouldn't you want to leverage those assets in place.

It also turns out the health security dollar will go further if we do that. And that's why we were proud to support – the United States was – as part of the new pandemic fund at the World Bank a commitment to ensure that that fund's money and investments could go to the Global Fund or to groups like the Global Alliance for Vaccines and Immunizations. We also would like to see regional institutions like the Africa CDC, the Caribbean Public Health Agency, the Southeast Asian equivalents of public health, which also play critical roles, access that financing because they're building these systems every day.

To build muscle you have to use it, like my kids remind me when they use the dumbbells I never use because my job never allows me to exercise. But it's true. To use – our response muscle works if we've been preparing our muscle every day, and the muscle that's being prepared every day to fight pandemics is the muscle that the Global Fund and others are investing with countries in some of the poorest parts of the world.

Dr. Morrison: Sheryl had a question – two questions, really. Is the disinformation/misinformation bigger and what does that mean in terms of your strategy? And then how do you deal with these fringe sites?

Dr. Panjabi: Well, Sheryl, thank you for your question.

And so, yes, disinformation and misinformation – do we think that threat has grown in the last several years? Absolutely. In fact, the plan calls that out head on.

And then to your second part of your question, what can we do about it, we have committed to ensuring, number one, that we leverage the social media platforms that exist so that we reach Americans and the public with evidence-based information.

But I think we have to go even further than that to a more community-based approach. If you look at our work on monkey pox or COVID, where we've been most effective in increasing vaccination rates for COVID or increasing – decreasing inequities in access to vaccines for monkey pox it's been when we enlist, engage, employ the very communities that feel the most skeptical about those interventions in the fight.

And, you know, in parts of rural Africa during the Ebola epidemic several years ago in Liberia there was a ton of misinformation about how one could get Ebola. One of the key strategies that governments used there, and nonprofit organizations, was to hire the people – the church leaders, the traditional healers, the relatives of those most at risk – to be community health workers, to be part of the team.

Here in the United States a version of that has been the commitment that the administration has made to the COVID-19 Community Corps, which has, essentially, hired people from the most affected communities that have the least vaccination rates to be part of the messaging.

What I'm trying to say is that while the tech will continue to be important, and greater investment, the people-to-people investment will be critical as well. The American Rescue Plan has put $1.1 billion in total in community health workforces, helping expand the pre-pandemic number from 50,000, roughly, to what will be, once fully executed, another 40,000 community health workers.

You asked about fringe social media as well. Look, I think we have to ensure that we're engaging with reputable companies who care about getting the message right and so there is a commitment in the plan to have these partnerships developed pre-event, and I think that's another thing that we would like to see executed ahead of these epidemics so we have that partnership again and relationship built in advance so we can take advantage of it should there need to be a response.

Dr. Morrison: Both Jeff Sturchio and Phyllis Arthur were raising issues around engagement with private sector in better ways in this period. Your thoughts?

Dr. Panjabi: So I think both Jeff and the colleague from BIO's points – your name again?

Dr. Morrison: Phyllis Arthur.

Dr. Panjabi: Phyllis. Phyllis, your point – are absolutely relevant.

Look, the reason we've articulated some very clear goals in the plan around vaccines, therapies, and tests – the reason we've said it's not just about smallpox or coronavirus; it's about viral families, 26 viral families that we know can harm human health – is to give that direction to our agencies and departments. In fact, these are their ideas. This matters and will be prioritized by the administration.

We've also asked Congress, as we talked about earlier, for them multi-year financing that's essential in that case. So when we talk about $80 billion, just to be very clear, that five-year request is largely for HHS, $82 billion of it.

Almost all of it is around vaccines, therapies, testing. Not just the research and development, but also the vaccine manufacturing surge capacity. I mean, these are – all of those areas need the private sector's involvement.

And to Jeff's point, the more organized we can be, like we are in the case of the flu coalition that has been working now to modernize the way we make flu vaccines and keeping flu on the agenda, I think we need perhaps something like that for the pandemic preparedness agenda writ large with the private sector, and also perhaps against some of these viral families. But I think we're very open. It's a signal we're sending that we want to do more. And we'd like to hear from private sector partners.

Dr. Morrison: Thank you. We've got a few more minutes. I want to make one or two observations and come back to you to close. First of all, I think certain people deserve a special shoutout for this plan. You've mentioned Beth Cameron, who played a deep and integral role. Matt Hepburn, very important.

Dr. Panjabi: Yes. White House Office of Science and Technology Policy, yes.

Dr. Morrison: Anthony Fauci of NIH. We've had – we've engaged with all of those at different points in the position, around the preparation of the plan. And they deserve a good deal of credit for getting things moved forward in this period.

The other thing I want –

Dr. Panjabi: Can I say –

Dr. Morrison: Yes.

Dr. Panjabi: If it wasn't for the visionary, bold leadership of over – of assistant secretaries, staff, deputy secretaries, Cabinet-level secretaries, at over 20 federal agencies, we wouldn't have this plan. And the reason I want to echo gratitude for them is because they've been doing this exactly when the iron needs to be struck, right? Is when – but it's hard to do it when this – to avoid the crisis and neglect cycle you mentioned earlier, the crisis and complacency cycle. It means having a vision and a set of targets that we want to hold ourselves accountable to, while the pandemics are going on now.

That's how we help bridge that gap, because it's relevant to people. It's extremely relevant. It's been traumatizing for many people. But to do that when your staff in a federal agency, when you're also responding every single day to these threats, and preparing for the future, is not an easy thing to do. So I think I couldn't agree more with the people you recognized, and also those in the departments and agencies.

Dr. Morrison: Yes. Thank you.

Now, this plan is unfolding against the backdrop of several agencies – departments, agencies – engaging in a process of introspection and internal reform and restructuring. By that, I mean we have at CDC. It's had a – it's had a really tough time during the Trump administration and during this administration. And we've – in early August we had the rollout by Rochelle – Dr. Rochelle Walensky of the Moving Forward Agenda, with some pretty – a pretty blunt admission of mistakes and a need to move faster, be more strategic, be communicating better to the American public, putting this plan together and moving it forward.

At the Department of State, we had a long process of review around how is the Department of State to organize itself in this next period. Decisions been taken to build from PEPFAR, from the Office of the Global AIDS Coordinator, build a new bureau, in effect, that elevates the position that John Nkengasong occupies, bringing in some of the infectious disease agenda, integrated with some of the global health security. So there's a lot of ferment underway within our – and there are other places you could point to that have come out of this pandemic experience convinced that they really need to change in order to improve performance, adapt to some of the tough lessons of the last almost three years.

Say a bit about that, how those processes of introspection and change fit within this broader strategy. I think those processes have to deal with the Hill. They have to try and restore trust and confidence in the American public, but also on the Hill. Particularly when we're talking about CDC, but it's something that has – the decline of trust and confidence is something that affects all public health institutions – NIH, FDA, and others. It's something that people are thinking about and actively working on.

Dr. Panjabi: Well, the national biodefense strategy and the implementation plan, essentially you can think of it as the framework that both reinforces some of the changes that are being made at the departments, agencies you mentioned, but also enables that – some of the reforms efforts that are being made to assess how the results are going. Not because we're in the weeds of any particular agency or department's reorg or reforms, but because the ultimate reason we adapt how we organize ourselves in government or any institution is because we're trying to better deliver on our mission. And that's what this plan is about. It's about assessing whether we're delivering on our mission to make the world free of the pandemic threat as we know it, and other biological catastrophic incidents.

And I think we will continue at the National Security Council, our colleagues at the Office of Science and Technology Policy, across the White House,

through the mandate the president's given Jake Sullivan, the national security advisor, to ensure that, one, we're assessing how we're doing with these quarterly reports and engagements. Two, that we're providing resources where that is a challenge – requesting resources, I should say, of Congress. And then doing our best to ensure that those resources are available where resources are, in fact, the gap. So that we can actually take the vision, the realignment that you mentioned, and actually execute it.

Dr. Morrison: Well, thank you so much for spending the time with us today. I want to thank our audience in person and those online remotely for being with us for this hour. This has been really rich and really valuable. And congratulations to you in moving this work forward. And we hope we'll continue to stay in this kind of dialogue. Thank you.

Dr. Panjabi: Thanks, Steve. We've got a lot of work to do. We look forward to doing it with many that are watching, both in government and the society. Thank you.

Dr. Morrison: Please join me in thanking – (applause).

(END)